

## **GROUP RESERVATION REQUEST FORM**

(Group Tours can be requested up to 1 year in advance)

		☐ Tour Op☐ School	erator				
Group requests are or toll free 1-866-87 request.							
Name of Group:			FAX Number	FAX Number:(Confirmation will be faxed back to this number)			
				(Confirmation w	/III be taxed back t	to this number)	
Mailing Address:			E-Mail address:				
City, State, Zip:							
Primary Contact Na	ame and Phone	e Number					
Total Number in Gro	oup:	(not to e	exceed 50 guests pe	er tour)			
Special Needs: (i.e.	wheel chairs,	hearing impedir	ments, etc.):				
		<u>Grou</u>	p Tour Sched	<u>ule</u>			
Monday through Friday, excluding federal holidays and the week between Christmas and New Year's Day							
<u>DAILY</u>							
<u>Jan - Dec</u>	<u>11:00 a.m.</u>	<u>11:15 a.m.</u>	<u>11:30 a.m.</u>	<u>11:45 a.m.</u>	<u>12:00 p.m.</u>	<u>12:15 p.m.</u>	
1st choice							
	Day of week			 Date		Time	
2 <sup>nd</sup> Choice							
	Day of week		 Date		Time		

Tour Scheduler@bep.treas.gov

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